

CITY OF TEMPE HOUSING SERVICES
21 East Sixth Street, Suite 214
Tempe, Arizona 85281

CHANGE IN INCOME/HOUSEHOLD COMPOSITION

You must report the following changes to Tempe Housing Services:

1. **INCOME:** All changes that occur to your family income. This includes earned and unearned income and all assets.
Section 8 Participants only: We will determine if your change will result in a change to your portion of the rent. **DECREASES IN INCOME:** you may report decreases in the household income, in writing, as it may result in a decrease in your portion of the rent.
2. **HOUSEHOLD COMPOSITION:** If any person is added to your household or if any person leaves your household.
Section 8 Participants only: You must obtain approval from both your landlord and Tempe Housing Services before adding a person to your household.
3. **Waiting List Applicants:** Any changes that occur to your waiting list preference, income and/or household composition must be reported to ensure placement on the waiting list is correct. If reporting a change in preference a preference certification must be completed.

Section 8 Participants only: You must report all changes in income and household composition, within ten (10) calendar days. The ten day reporting requirement means that you must report the change within ten (10) calendar days from the effective date of the change, in writing. Changes will not be accepted over the telephone.

Complete the information below. Submit the original to Tempe Housing Services. Keep one copy for your records. Check all that apply and complete the requested information:

- A decrease in income effective: _____. Explain: _____

- An increase in income effective: _____. Explain and list the name and address of your source of this income: _____

- I wish to add a member(s) to my household effective: _____. Please explain and list the name and relationship of person(s) you wish to add: _____

- A member is leaving, or has left, my household effective: _____. Please explain and list the name and relationship of person(s) that is leaving: _____

- Other information I would like to report:

PLEASE PRINT:

Head of Household's Name: _____ Daytime Phone: (_____) _____

Head of Household's Social Security Number: _____

Address: _____, Tempe, AZ Zip Code: _____

I/We certify the above information is true and correct.

Head of Household Signature

Date

Co-Head/Spouse Signature

Date



Submit original to Housing Services – keep copy for your records